

FILED UNDER
PENDING
MOTION TO SEAL

■ AGREEMENT

Digitized by srujanika@gmail.com

[REDACTED]

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1. **What is your primary reason for seeking treatment?**

2. **How long have you been experiencing symptoms?**

3. **Do you currently have any physical or emotional symptoms?**

4. **Are there any specific triggers or situations that worsen your symptoms?**

5. **Have you ever received treatment for similar symptoms before?**

6. **Are you currently taking any medications or supplements?**

7. **Do you have any known medical conditions or allergies?**

8. **Are you currently pregnant or planning to become pregnant?**

9. **Do you have any family history of mental health conditions?**

10. **Are you currently experiencing any suicidal thoughts or behaviors?**

Category	Number of Samples
1	100
2	100
3	100
4	100
5	100
6	100
7	100
8	100
9	100
10	100

[REDACTED]

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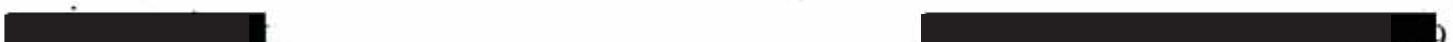
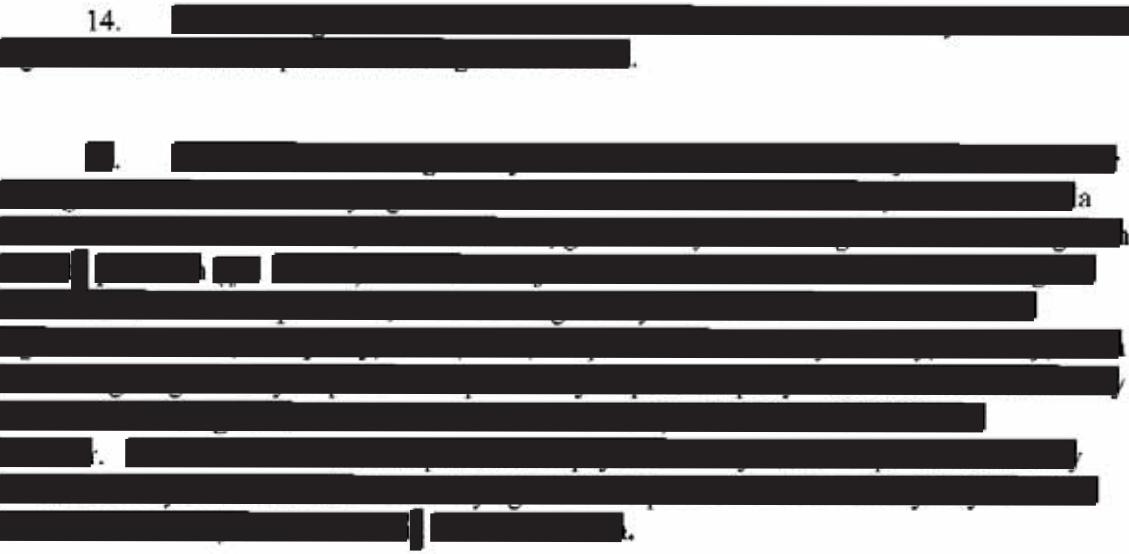
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